

**Montana Office of Public Instruction
Supplemental Educational Services
Monitoring Report
2010-2011**



opi.mt.gov

Montana
Office of Public Instruction
Denise Juneau, State Superintendent

According to the ESEA/NCLB Act of 2001, the Montana Office of Public Instruction (OPI) is required to publicly report on the standards and techniques for monitoring the effectiveness of the programs offered by approved Supplemental Educational Service providers, and to post this report each year. [Section 1116(e)(4)(D); 34 C.F.R. §200.47(a)(4)]

The process for the evaluation is as follows. First, a survey is sent out to districts that have students eligible for services. Next parents and students receiving services are asked to complete a survey on their provider. Documentation is also requested from the provider to show the academic improvement or lack of improvement from students receiving services. Finally, providers are asked to update their programmatic information yearly.

After this data is gathered, the OPI reviews the information and determines whether or not the SES provider has obtained a satisfactory or unsatisfactory rating. Providers that receive an unsatisfactory rating are given one year to correct any deficiencies to their program or risk being dropped from the approved provider list. Also any comments for improvement to a provider are given to the company to assist in program enhancement.

In the table below are the names, numbers of students served, and ratings of each approved SES provider for the 2010-2011 academic year:

Provider Name	Number of Students Served	Rating/Status
21 st Century LEAP-Libby	45	Satisfactory
21 st Century PEAK-Helena	6	Satisfactory
Academia.net	12	Unsatisfactory-Probation
Babbage Net School	0	NA
Brainfuse	0	NA
Brilliance Academy of Math and English	0	NA
Bozeman School District	0	NA
Digital Network Group	0	NA
EDDUSS Learning	0	NA
Educate Online	3	Satisfactory
Greater Gallatin Gateway United Way	28	Satisfactory
Huntington Learning Centers	0	NA
Mariann Foster	0	NA
National Education Foundation/Cyber Learning	30	Satisfactory
Project Life Impact	0	NA
Reach for Tomorrow	0	NA
Sylvan Learning-Billings	88	Satisfactory
Sylvan Learning-Missoula	110	Satisfactory
Sylvan Learning-Bozeman	43	Satisfactory
Sylvan Learning-Butte	42	Satisfactory
Sylvan Learning-Helena	26	Satisfactory
T.E.S.T.	65	Satisfactory
Tutorial Services	4	Satisfactory
Total	502	

Montana Office of Public Instruction

Supplemental Educational Services (SES) Provider Evaluation

FOR DISTRICTS

PLEASE RETURN BY May 30, 2011

Jack O'Connor

SES Coordinator

Montana Office of Public Instruction

PO Box 202501

Helena, MT 59620-2501

E-mail: joconnor2@mt.gov Tel: 406-444-3083, Fax: 406-444-3924

I. Background Information

District Being Served: _____

Date: _____

District Contact Person: _____

Address: _____

Telephone: _____

E-mail: _____

Summer Contact Info: _____

Please make copies of this form and complete a separate survey **for each supplemental service provider** with whom the district has contracted.

Name of SES Provider: _____

II. Information Regarding Provider

A.

Grade Level	# of Students Served	# of Special Ed Students Served	# of LEP Students Served	% of Students Who Achieved Goals	% of Students Who Made Progress	% of Students Who Showed No Improvement

- B. Rate the performance of this Provider in relation to the following service elements listed below. If marked "unsatisfactory," please comment why.

Service Element	Rate Provider's Performance in Relation to Each Service Element	
	Satisfactory	Comments/Remarks
1. Defined specific achievement goals for students receiving supplemental services as outlined in the agreement with the district and parent/guardian	<input type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory <input type="checkbox"/> Don't Know	
2. Monitored the progress of students receiving supplemental services	<input type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory <input type="checkbox"/> Don't Know	
3. Ensured instructors were adequately trained to deliver the supplemental educational services	<input type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory <input type="checkbox"/> Don't Know	

Name of SES Provider: _____

Service Element	Rate Provider's Performance in Relation to Each Service Element	
	Satisfactory	Comments/Remarks
4. Provided the district with information on the academic achievement progress of children receiving supplemental services	<input type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory <input type="checkbox"/> Don't Know	
5. Provided teachers of students receiving supplemental services with information on their academic progress	<input type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory <input type="checkbox"/> Don't Know	

Service Element	Rate Provider's Performance in Relation to Each Service Element	
	Satisfactory	Comments/Remarks
6. Provided parents with information on the academic achievement progress of their children in a format and language (where practicable) that they could understand	<input type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory <input type="checkbox"/> Don't Know	
7. Ensured that curriculum and instruction provided were consistent with the district's instructional program and state content standards	<input type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory <input type="checkbox"/> Don't Know	
8. Ensured that instructional strategies were of high quality and research-based	<input type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory <input type="checkbox"/> Don't Know	
9. Fulfilled all contractual obligations	<input type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory <input type="checkbox"/> Don't Know	
10. Ensured that safety measures were put in place by either doing background checks or some other monitoring system	<input type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory <input type="checkbox"/> Don't Know	

Name of SES Provider: _____

Below describe parents', students', and your district's satisfaction or dissatisfaction levels with this Provider, based on feedback received during and after service delivery. Please include reasons for the level of satisfaction/dissatisfaction.

1. **District**

What is the district's overall level of satisfaction with this Provider associated with SES?

Extremely
Dissatisfied

☐

Dissatisfied

☐

Neutral

☐

Satisfied

☐

Extremely
Satisfied

☐

Explain your reasoning for the Provider's rating.

2. Would you recommend that the State renew its authorization for this provider?

☐ Yes

☐ No, please specify why.

C. Additional Comments/Recommendations

Thank you for your time and assistance with this process.

TO BE COMPLETED BY THE PARENT

SUPPLEMENTAL EDUCATIONAL SERVICES PROVIDER REPORT CARD

SES Provider:

This information is extremely helpful to the State Title I office as we work with districts to have high quality providers of Supplemental Educational Services. Your feedback is critical in helping us to do that. If you could take a few minutes to complete this brief report card, it would be beneficial for our office. Please return to your school district office by May 18, 2010. If you have questions about this information, please call this office at 406-444-3083. Thank you for your time.

Description/Identification of Report Card Item	Scale				
	P o o r	Good			E x c e l l e n t
1. My child made progress on his/her goals.	1	2	3	4	5
2. I feel that my child found the additional support in reading and/or math to be a positive experience.	1	2	3	4	5
3. I was informed regularly about my child's progress.	1	2	3	4	5
4. I feel that the tutor was qualified to provide the support to my child that was needed.	1	2	3	4	5
5. I feel that the tutor was supportive of my child and sensitive to my child's needs.	1	2	3	4	5
6. My child enjoyed their experience with the tutor.	1	2	3	4	5
7. I am confident that my child benefited from this experience.	1	2	3	4	5
8. The services were convenient.	1	2	3	4	5
9. I am confident that my child was well taken care of while in the program.	1	2	3	4	5
10. I would place my child with this provider again.	1	2	3	4	5

Other comments:

TO BE COMPLETED BY THE STUDENT

SUPPLEMENTAL EDUCATIONAL SERVICES

PROVIDER REPORT CARD

SES Provider:

This information is extremely helpful to the State Title I office as we work with districts to have high quality providers of Supplemental Educational Services. Your feedback is critical in helping us to do that. If you could take a few minutes to complete this brief report card, it would be beneficial for our office. Please return to your school district office by May 18, 2010. If you have questions about this information, please call this office at 406-444-3083. Thank you for your time.

Description/Identification of Report Card Item	Scale				
	P o o r	Good			E x c e l l e n t
11. I made progress on my goals.	1	2	3	4	5
12. I feel that the additional help in reading and/or math to be a positive experience.	1	2	3	4	5
13. I was informed regularly about my progress.	1	2	3	4	5
14. I feel that the tutor was qualified to provide the help that I needed.	1	2	3	4	5
15. I feel that the tutor was supportive of my needs.	1	2	3	4	5
16. I enjoyed my experience with the tutor.	1	2	3	4	5
17. I am confident that I benefited from this tutoring.	1	2	3	4	5
18. The services fit into my personal schedule.	1	2	3	4	5
19. I am confident that I will remember what I learned.	1	2	3	4	5
20. I would work with this tutor again.	1	2	3	4	5

Other comments:
